

MCMC

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-05-6478.M2

**IRO Medical Dispute Resolution M2 Prospective Medical Necessity
IRO Decision Notification Letter**

Date:	4/8/05
Injured Employee:	
Address:	
MDR #:	M2-05-1249-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute to address the prospective medical necessity of the proposed MRI to right shoulder, regarding the above mentioned injured worker.

DECISION: UPHELD

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 3/18/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

An MRI of the right shoulder is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 52-year-old male who injured his right arm in a fall from a chair on ____.

RATIONALE:

Shoulder surgery was performed on 06/20/2002. The most recent physician note provided is from 11/07/2003, which indicated that the patient was working, and had a normal range of motion. The MRI was requested on 01/18/2005. There is no recent clinical evaluation by the physician to indicate why the test is needed. Medical necessity cannot be determined without adequate clinical information.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/18/05
- TWCC MR-117 dated 3/17/05
- TWCC-60
- TWCC-1 dated 10/19/94

- Intracorp: Workers Compensation Physician Advisor Review dated 4/15/04; letter re: denial of MRI dated 1/21/05, 2/11/05
- Robert Urrea, MD: Office Notes dated 4/22/02, 5/24/02, 9/4/02, 3/3/03, 5/2/03, 11/7/03
- San Benito Medical Associates: Office note dated 4/22/04
- Providence Memorial Hospital: Operative report dated 6/20/02; Anesthesia record dated 6/20/02
- Southwest Physical Therapy: Daily Notes dated 7/5/02 to 1/17/03

The reviewing provider is a Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

8th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____